



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## Livestock Facility Inspection Checklist

GENERAL INFORMATION									
TYPE OF INSPECTION: <input checked="" type="checkbox"/> CAFO <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> RECONNAISSANCE <input type="checkbox"/> ERU FOLLOW UP <input type="checkbox"/> OPERATOR REQUEST <input type="checkbox"/> OTHER									
FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.) <b>Frank Molitor</b>						INSPECTION DATE <b>3-22-12</b>		ARRIVAL TIME <b>2:00 PM</b>	
ADDRESS <b>15631 W. Klass Road</b>						INSPECTOR(s) <b>Lee Heeren</b>		DEPARTURE TIME <b>4:00 PM</b>	
CITY <b>Kent</b>				STATE <b>IL</b>		ZIP CODE <b>61044</b>		ACCOMPANIED BY (if applicable)	
COUNTY <b>Stephenson</b>		SECTION <b>15</b>	TOWNSHIP <b>27N</b>	RANGE <b>5E</b>	POLITICAL TOWNSHIP <b>Kent</b>		TEMPERATURE <b>50's</b>		PRECIPITATION TYPE <b>Slight rain</b>
Facility Owner(s): <small>Exemption 6 and Exemption 7(C)</small>		NAME <b>Frank Molitor</b>				CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE <small>Exemption 6 and Exemption 7(C)</small>	
		ADDRESS			CITY		STATE		ZIP CODE
		NAME <b>Janean Molitor</b>				CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHONE	
		ADDRESS			CITY		STATE		ZIP CODE
Facility Operator(s): <small>Exemption 6 and Exemption 7(C)</small>		NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS			CITY		STATE		ZIP CODE
		NAME				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	
		ADDRESS			CITY		STATE		ZIP CODE
NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)									
1. What type of NPDES permit has been issued? <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> General NPDES Permit								NPDES #	
2. What date was the NPDES permit issued?									
3. What date does the NPDES permit expire?									
4. Is a copy of the NPDES permit onsite?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Permitted number of animals (no. & specie)?									
6. Does the NPDES Permit contain a compliance schedule?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Have there been any changes made to the production area since the permit was issued?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", provide a detailed description of those changes. <b>None</b>									

LAND APPLICATION/NUTRIENT MANAGEMENT		
1. How many TOTAL acres are available for land application? <u>500</u> acres		
2. How many acres are READILY available for land application at the time of inspection? _____ acres		
3. Estimated annual quantities of liquid waste _____ gallons		
4. Estimated annual quantities of solid waste _____ tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input type="checkbox"/> Umbilical Injection <input type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input checked="" type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Is the NMP adequately addressing the storage, handling and application of manure and wastewater to prevent discharges to waters of the U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LIVESTOCK FACILITY DESCRIPTION				
Type of Animals	Number of Animals (currently)	Animal Capacity	Type of Confinement	Number of Structures
CALVES (Beef)	110		OTHER (Specify) Hutches	110
BEEF CATTLE	250		OPEN CONCRETE FEEDLOT	4
Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)?			<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan?			<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review?			<input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. <b>None</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIVESTOCK WASTE STORAGE				
1. Does the facility have any existing livestock waste containment system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If NO, then proceed to question 10.				
2. General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas). <b>None</b>				

Type of Storage	Total Storage Capacity (Specify Units)
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input type="checkbox"/> Underfloor Pits	
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☐ YES ☐ NO

4. Are levels of manure in the storage structures recorded and records kept? ☐ YES ☐ NO

5. Do the storage structures have adequate freeboard? ☐ YES ☐ NO

6. Estimated final stage storage structure freeboard \_\_\_\_\_ in. of total depth \_\_\_\_\_ in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☐ YES ☐ NO

8. Are the routine visual inspections documented? ☐ YES ☐ NO

9. Does the system have an outfall or discharge point? ☐ YES ☐ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).  
**None**

10. Are there any portions of the production area where runoff is not controlled? ☒ YES ☐ NO

If "YES", provide a detailed description of the area(s) of concern:  
**Spring fed tributary flows through production facility.**

**MORTALITIES MANAGEMENT**

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)  
**Rendering service**

2. Are mortalities documented and are records kept? ☐ YES ☒ NO

**FACILITY WATER SOURCES**

1. What type of method is used to provide drinking water for the animals?  
☒ Overflow waters    ☐ Tip Tanks    ☐ Nipple waters    ☐ Water Bowls    ☐ Other \_\_\_\_\_
2. How is the water for animals obtained?  
☐ Community PWS    ☒ On-Site Well    ☐ On-Site Impoundment    ☐ Other \_\_\_\_\_
3. Is a mist cooling system used? ☐ YES    ☒ NO  
How is mist water contained?  
**None**

**DAIRY OPERATION (If No Dairy, skip this section)**

1. How many times per day are cows milked? \_\_\_\_\_
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).  
**None**
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.  
**None**
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.  
**None**
5. Describe where process wastewater from the plate cooler goes and how it is contained.  
**None**

**BEDDING (If No Bedding, skip this section)**

1. Describe what type of bedding is used for the animals.  
**Cornstalks**
2. Describe how bedding is collected and how often.  
**Two times/year**
3. What is done with the used bedding? ☐ Reused    ☒ Land Applied

**MANURE COLLECTION**

1. How is manure collected?

- ☐ Under Floor Pit  
☒ Scraped: ☐ Automatic ☐ Manual  
☐ Flush  
☐ Solids Separator  
☐ Other: \_\_\_\_\_  
☐ None

2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.

**None****FEED STORAGE CONTAINMENT**

1. Describe how feed (silage, hay, etc) is contained.

- ☐ Bulk Bins  
☐ Silage Pit  
☐ Ag Bags  
☒ Hay: ☒ Barn ☐ Outdoor  
☒ Other: **tower silos and flat concrete**

2. Describe how feed (silage, hay, etc) runoff is contained.

- ☐ Not Applicable – Feed totally enclosed  
☐ Other: \_\_\_\_\_  
☒ None

**RECEIVING SURFACE WATERS**

1. Provide a description of the flow path from the facility to the nearest named surface water.

**Discharge from production area into unnamed spring fed tributary that empties into Yellow Creek.**

2. What is the name of the receiving stream?

**Yellow Creek**3. Status of the named surface water: ☐ Intermittent ☒ Perennial4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☒ NOIf "YES", provide a description of the deposits: **None**

**DISCHARGES**

1. Have there been any documented discharges of livestock waste to surface water <i><b>in the past year?</b></i> If "NO" proceed to question 2.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a. If "YES", specify the date(s). _____		
b. What was the reason for the discharge?		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. What was the precipitation amount? <i>(if applicable)</i>		
e. Was IEMA notified of the discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: <b>None</b>		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What was the precipitation amount? <i>(if applicable)</i>		
c. What is the reason for the discharge?		
d. Were water quality samples taken?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. If "YES", how many? _____		
f. What parameter(s) tested? <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Phosphorus <input type="checkbox"/> BOD <sub>5</sub> <input type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O <sub>2</sub> <input type="checkbox"/> Other _____		

**OTHER COMMENTS/NOTES****See attached narrative and accompanying photos.**Check all attachments: ☒ Narrative ☒ Photos ☐ Site Plan ☐ Sample Results**INSPECTOR'S SIGNATURE****REPORT DATE****3-22-12**